REPORT OF LOBBYING FIRM

(Government Code Section 86114)

	REPORT COVERS	PERIOD FROM 01/0)1/20°	10 THROUGH	03/31/2010				
FORM 625 1990	CUMULATIVE PER	RIOD BEGINNING		01/01/2009	<u> </u>				
1990						FOR OFFICIAL USE ONLY			
TYPE OR PRINT IN INK						A AMENDMENT 001			
Manual on Lobbying D	ed to be provided to you pursu Disclosure Provisions of the Po		actices	Act of 1977, see	Information_	В			
NAME OF LOBBYING	FIRM:								
TREAT PAULA									
BUSINESS ADDRESS	S: (Number and Street)	(City)		(State)	(Zip Code)	TELEPHONE NUMBER:			
		Fair Oaks		CA	95628				
MAILING ADDRESS:	(If different than above)								
PART I - (Read the i	instructions on the reverse bef	ore completing this section	n. The	n, check o <u>ne</u> of th	e boxes below and	complete Part I.)			
THIS I	NERS, OWNERS, OFFICERS REPORT <u>OB</u> NERS, OWNERS, OFFICERS RATE OCCASIONS DURING	, OR EMPLOYEES WHO			,				
If more space is no	eeded, check box and attach conti	nuation sheets.							
		SUMMARY OF PA	ΥМЕ	NTS THIS PE	RIOD				
A. GRAND TO (From Subtota	TAL PAYMENTS RECEIVED: als in Part II)	\$ 95243.00	E. CAMPAIGN CONTRIBUTIONS MADE: X None This Period Part IV Completed and Attached						
	FIVITY EXPENSES: , Section A, 3)	\$ 0.00			Takin Completed and Amasilea				
C. TOTAL PAY LOBBYING (From Part III		\$ 0.00	F.	IS THE FIRM A MEMBER OF A LOBBYING COALITION? Yes (Complete and attach Form 630)					
D. GRAND TO (B + C, above	TAL PAYMENTS MADE:	\$ 0.00			_				
		VERIF	ICA	TION					
	d all reasonable diligence on contained herein and i		-		-	d to the best of my knowl-			
I certify un	der penalty of perjury un	der the laws of the St	ate of	California tha	t the foregoing is	s true and correct.			
Executed on (Date)		At (City and State)			By (Signature of I	Responsible Officer)			
05/19/2010		Fair Oaks CA			Paula Treat				
Name of Responsible	e Officer (Type or Print)	l			Title				
Paula Treat					Owner				

NAME OF LOBBYING FIRM: TREAT PAULA

PART II - PAYM See Instructions or		CONNECTION WITH LOBBYI	NG ACTIVITY (Amoun	ts may	y be rounded off to v	vhole d	ollars.	
Employer's Name, Address and Telephone Number Edison International & Subsidiaries								
Sacramento CA 9	95814							
Legislative or State Period. (See instruc	Agency Administrative Actions on reverse.)	tions "Actively" Lobbied During th	е					
Attachment Refere	ence: 7072							
Fees and Retainers	Reimbursements of Expenses	Advances or Other P (attach explanat	-		Total This Period			
\$ 19000.00	\$ 122.00	\$ 0.00 \$5000 of fees for services in	previous quarter	\$	19122.00	\$	79825.00	
	Address and Telephone Notes India							
Temecula CA 92								
Period. (See instruc	tions on reverse.)	tions "Actively" Lobbied During th	e					
Attachment Reference: 7922								
Fees and Retainers	Reimbursements of Expenses	Advances or Other P (attach explanat	-	Total This Cumulative Period Total to Date				
\$ 60000.00	\$ 1121.00	\$ 0.00		\$	61121.00	\$	312222.00	
Employer's Name, Address and Telephone Number International Premium Cigar & Pipe Retailers Association								
Columbus GA 31904								
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) Governor's Office Legislature Dept of Finance BOE re budget issues AB 89 AB 689 - AB 1609 AB 2496 AB 2733 AB 2757 ACA 22 SB 4 SB 364 SB 603 SB 874 SB 882 - SB 928 SB 1109								
Fees and Reimbursements of Advances or Other Payments Retainers Expenses (attach explanation)			*		Total This Period		Cumulative Total to Date	
\$ 15000.00	\$ 0.00	\$ 0.00 N/A		\$	15000.00	\$	55921.00	
☐ If more space is needed, check box and attach continuation sheets SUBTOTAL \$				95243.00				

PERIOD COVERED:	01/01/2010	03/31/2010	

NAME OF LOBBYING FIRM: TREAT PAULA

PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES						
SECTION A: ACTIVITY EXPENSES (See instructions on reverse.)						
ACTIVITY EXPENSES ARRANGED, INCURRED, OR PAID BY THE LOBBYING FIRM (OTHER THAN THOSE PAID OR INCURRED BY A LOBBYIST)						
Date	Name and Address of Payee	of Reportable	fficial Position Persons and nefiting Each	Description of Consideration	Total Amount of Activity	
			\$		\$	
	Defended No.					
Reference No: If more space is needed, check box and attach continuation sheets TOTAL SECTION A.1.						
(Include all subtotals from Continuation Sheets) \$						
2. TOTAL ACTIVITY EXPENSES PAID, INCURRED, OR ARRANGED BY ALL LOBBYISTS EMPLOYED BY THE LOBBYING FIRM WHICH HAVE BEEN OR WILL BE REIMBURSED OR PAID BY THE FIRM.					\$ 0.00	
3. TOTAL ACTIVITY EXPENSES (Section A, Parts 1 + 2)				\$ 0.00		

PERIOD COVERED: <u>01/01/2010 03/31/2010</u> NAME OF LOBBYING FIRM:TREAT PAULA							
NAME OF LOBBTING FIRM							
PART III -	PAYMENTS MADE (Continued)						
SECTION E	B: PAYMENTS MADE TO OTHER LOBB	YING FIRMS					
	lame, Address and Telephone umber of Firm Contracted With	Name of Employer or Client f Whom Subcontractor was Retained to Lobby	for	Amount This Period	Cumulative Total to Date		
				\$	\$		
If more space is needed, check box and attach continuation sheets. TOTAL PAYMENTS (Include all subtotals from continuation sheets)				\$ 0.00			
PART IV - CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)							
A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.							
Name of Major Donor or Recipient Committee Which Has Filed A Campaign Disclosure Statement: Identification Number if Recipient Committee:							
B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.							
Date Name of Recipie		ipient	I.D. Number if Committee		Amount		
					\$		
If more sp	pace is needed, check box and attach continuation s	heets.					

NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

TEXT ANNOTATION

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Schedule F625 Reference No: 7072

Governors Office Legislature re budget issues AB 1609 AB 1705 AB 1846 AB 1954 AB 2037 AB 2231 AB 2498 AB 2514 AB 2561 AB 2614 AB 2662 AB 2724 AB 2758 SB 388 SB 837 SB 874 SB 1097 SB 1465 SB 1476

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Schedule F625 Reference No: 7922

Govs Office Legislature DOF Native Amer Heritage Cmsn CGCC AG St Lottery AB 122 289 441 544 707 733 770 941 970 1375 1576 16 09 1704 1747 1753 1805 1830 2089 2121 2166 2193 2197 2198 2215 2241 2414 2417 2418 2596 2623 2713 2776 2794 ABX810 ABX837 SB 213 358 409 810 874 964 965 976 977 1012 1034 1072 1090 1125 1207 1226 1261 1372 1439 1456 1464 1483 1484 1485 SJR8 SB - X810 SBX842 SBX856